AUG 2 0 2012

510(k) Summary

This 510(k) summary information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

APPLICANT:

WElkins, LLC

DATE PREPARED:

3 August 2012

CONTACT PERSON:

Christopher Blodgett

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Roseville, CA 95747 Phone: 207.449.6398 Fax: 866.663.2271

Email: christopher@welkinsmed.com

TRADE NAME:

WElkins EMT/ICU Temperature Management

System

CLASSIFICATION NAME:

Thermal Regulating System

DEVICE CLASSIFICATION: Class II

REGULATION NUMBER:

870.5900

PRODUCT CODE:

DWJ

PREDICATE DEVICES:

Cincinnati SubZero Blanketrol II (K110104)

Medivance Arctic Sun 5000 (K101092)

MedCool RapidCool (K070112)

EMCOOLS EMCOOLSpad (K100071)

Substantially Equivalent To:

The WElkins EMT/ICU Temperature Management System is substantially equivalent in intended use, Principle of operation and technological characteristics to the Cincinnati SubZero Blanketrol II (K110104), Medivance Arctic Sun 5000 (K101092), MedCool RapidCool (K070112), and the EMCOOLS EMCOOLSpad (K100071).

Description of the Device Subject to Premarket Notification:

The WElkins EMT/ICU Temperature Management System is a thermoregulatory device that reduces and/or maintains patient body temperature within a range of 30°C (86°F) to 37°C (98.6°F). The System delivers temperature-controlled coolant ranging between 5°C (41°F) and 25°C (77°F) from one of two Conditioning Units (EMT or ICU) to a patient-contacting Cooling Pad, resulting in heat exchange between the coolant and the patient.

The EMT Conditioning Unit is a lightweight, battery-powered pack for use in the field; patient temperature is controlled manually, by modulating the temperature of coolant circulated to the Cooling Pad, and must be monitored regularly during treatment. The

ICU Conditioning Unit is an enhanced, microprocessor-driven version of the EMT Conditioning Unit designed for use in the hospital setting; it features a touchscreen graphical user interface and automatic patient temperature control, in addition to the same core hydraulic and pneumatic cooling system used in the EMT Conditioning Unit. A patient temperature probe connected to the ICU Conditioning Unit provides biofeedback to an internal control algorithm, which automatically modulates coolant temperature to achieve a patient target temperature determined by the clinician.

The Cooling Pad comes in Universal and Head-Neck configurations. The safety and effectiveness of the Cooling Pad has not been demonstrated for treatment of stroke or head trauma, and is not indicated for use in their treatment.

Indication for Use:

The WElkins EMT Temperature Management System is a thermal regulating system, indicated for temperature reduction in patients where clinically indicated.

The WElkins ICU Temperature Management System is a thermal regulating system, indicated for temperature reduction in patients where clinically indicated and monitoring of patient temperature.

Technological Characteristics:

The WElkins EMT/ICU Temperature Management System has the same technological characteristics and is similar in overall design, materials and configuration compared to the predicate device. It is substantially equivalent to the predicate in terms of:

- Indications for Use
- Basic design/configuration
- · Where used
- Target population
- Cooling method

Testing and Performance Data:

- Biocompatibility
- Electromagnetic Compatibility
- Electrical Safety
- Functional Performance

Basis for Determination of Substantial Equivalence:

Upon reviewing and comparing intended use, design, materials, principle of operation and overall technological characteristics, the WElkins EMT/ICU Temperature Management System is determined by WElkins, LLC to be substantially equivalent to existing legally marketed devices.





Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

AUG 2 0 2012

Welkins, LLC. c/o Mr. Mark Job 1394 25th Street NW Buffalo MN 55313

Re: K121720

Trade/Device Name: Welkins EMT/ICU Temperature Management System

Regulation Number: 21 CFR 870.5900

Regulation Name: Thermal Regulating System

Regulatory Class: Class II Product Code: DWJ Dated: June 11, 2012 Received: June 12, 2012

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Fram D. Zuckerman, M.D.

MATHICLE

Director

Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE STATEMENT

| 510(k) Number: | K121720 | |
|------------------------------|---|---|
| Device Name: | WElkins EMT/ICU Temperature Management System | |
| Indications for Use: | The WElkins EMT Temperature Management System is a thermal regulating system, indicated for temperature reduction in patients where clinically indicated. | |
| , | regulating system, indica | erature Management System is a thermal ted for temperature reduction in patients where nonitoring of patient temperature. |
| | | |
| | OR | |
| Prescription Use X | | Over-The-Counter Use |
| (Per 21 CFR 801 Subpart D) | | (Per 21 CFR 801 Subpart C) |
| (PLEASE DO NOT IF NEEDED) | WRITE BELOW THIS | LINE - CONTINUE ON ANOTHER PAGE |
| Cor | ncurrence of CDRH, Offi | ce of Device Evaluation (ODE) |
| | (Division Sign-Off) Division of Cardiov 510(k) Number_ | |

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